

POSITION	INITIALS	ID NO.	DATE
	<i>NS</i>		<i>12/20/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>21 11/15/00</i>	
RESPONSE FORMALITY REVIEW		<i>69055 12-13-00</i>	
		<i>" 1-22-01</i>	

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>03/21/03</i>
2	<i>03/14/03</i>
3	<i>03/25/04</i>
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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